

Van Meter Public Library

Volunteer Application

Date: _____ Name: _____

Parent/Guardian Name (*if under 18yrs*): _____

Date of Birth: _____ Gender (circle one): Male Female

Address: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Email: _____

Emergency Contact Information: _____

Please fill out the days and times you are available to volunteer:

____ Monday Hours Available: _____

____ Tuesday Hours Available: _____

____ Wednesday Hours Available: _____

____ Thursday Hours Available: _____

____ Friday Hours Available: _____

____ Saturday Hours Available: _____

Comments or additional information: _____

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(Required if applicant is under 18 years of age)